t all three tests for Yes No X	a spouse or dependent child because they meet	earned" income, or liabilities of a committee on Ethics.	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
lave you excluded Yes 🔲 No 🔯	ther "excepted trusts" need not be disclosed. Ha	mmittee on Ethics and certain o lependent child?	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
QUESTIONS	- ANSWER BOTH OF THESE	RUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS
COMPLETE	THAT YOU ARE REQUIRED TO COMPLETE	ILY THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
	HEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU	ATTACH THE
\$5,000 from a Yes No X	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
the current calendar Yes No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes X No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
gh the date of filing? Yes No No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No X	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
	TIONS	H OF THESE QUES	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1,	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Employing Office:
(Office Use Only)	Check if Amendment	810°6'9°	New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:
18 JUL -9 PM 1:20	hone:	Daytime Telephone:	Name: Rut Martin Elsasse I
LEGISLATIVE RESOURCE CENTER	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

SCHEDULE C - EARNED INCOME

Name: /-9

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honorana. List only the source for other spouse earned income exceeding \$1,000. See examples below. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

		Arr	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium Salary	\$0 \$20,000	\$500 \$76,000
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Homeston In Bu Hilton Howarstown, M) Spouse Solary	spouse Solary	18,200	19,450
		ì	

SCHEDULE D - LIABILITIES

	Name:	Pageof	
			J
reporting period by by real property inclu	reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence.	int owed during the reporting ge on your personal residence	
old furniture, or appl	old furniture, or appliances: liabilities of a business in which you own an interest (unless you are personally liable); and	you are personally liable); and	_

liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the period. New Members: Members are required to report all liabilities secured by (unless you rent it out or are a Member); loans secured by automobiles, household

				SP, DC. JT		
			Example			
			First Bank of Wilmington, DE	Creditor		
		:	5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	ъ	
,				\$50,001- \$100,000	c	
			×	\$100,001- \$250,000	0	ļ
				\$250,001- \$500,000	m	moun
				\$500,001- \$1,000,000	, Li	Amount of Liability
				\$1,000,001- \$5,000,000	9	ability
				\$5,000,001- \$25,000,000	Ŧ	
				\$25,000,001- \$50,000,000		
				Over \$50,000,000	٠.	
				Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting and the current calendar year. First-year candidates and new employees report recitions held in the current calendar year and two previous years.

period and the current calendar year. First-year candidate	period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.
Position	Name of Organization
We also the second seco	
The state of the s	

SCHEDULE F - AGREEME

NTS Name: E/SOSSar, Rurt	Page / of _/	
rms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of go ormer or current employer other than the U.S. government or continuing participation in an employee welfare or benefit plan mainto	government service;	
ormer or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a forme	intained by a former	

t: a
continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former
employer.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat Information listed on Schedule C.

government and any morniquon consumera commentation a result of a privileged relationship recognized by fare, be not report	a privileged (classicily) rewelliged by raw. By ray repeat inventional material on scripture se.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Selt: Kurt Elsasser/	15000 For Compain
Hagerstown, Maryland	

CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

LEGISLATIVE RESOURCE CENTER

18 JUL -9 PH 1: 19

Indicate Your Status: (Select One) Dear Madam Clerk:

Over \$5,000 Threshold Not Exceeded This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

Withdrawal
of Candidacy

This is to notify you that under the laws of the state of	,,
I withdrew my candidacy for the U.S. House of Representatives on	.•

[Note: If your Financial Disclosure Statement was due **before** the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type):	
State:	District:
Date:	

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO.
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601